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SFUND RECORDS CTR

PETE WILSON, Governor

88072691

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P Street, 4th Floor P.O. Box 806 Sacramento, CA 95812-0806

(916) 323-3254

SFUND RECORDS CTR 1110-00238

HAZARDOUS WASTE MANIFEST COPIES RESPONSE / INVOICE

Tai /	0	>		Date: 6-18 Control No.:	9-96
To: Lance E. Mc Collum 1520 E Sh. Fresno, Co	ew ave	Ste 103			
In response to your reque manifests, please see the	1	``			ous waste
We are providing yo	ou with copies o	f the following s	pecific manifes	t documents:	
EPA ID Number(s) or item	Number of Manifests	Cost Per Copy	Research Time	Research Charge	Item Charge
CAD008252041	9	.75	16/2.	24,50	
		6,75			24.50 6.75
Sub-Total Charges	·				31,25
Less Amount Previous	y Paid or Credi	ited			31.25
Total Amount Due					0
You (or your represer made copies of manif above.	ntative) visited o	our office on ber of copies m	ade and billed fo	or are shown on t	and he invoice
Other:	•				
Pasa maka waya ahaak aa					

Please make your check or money order payable to the Department of Toxic Substances Control or D.T.S.C. and send it and a copy of this invoice to:

Department of Toxic Substances Control P.O. Box 806, Mail Station HQ-9 Sacramento, CA 95812-0806

Should you have any questions about this invoice, please contact Helen Jones at 1-800-61-TOXIC or 1-800-618-6942.

print or type. (Form designed for use on elite	(12-pitch lypewriter),						Secrement
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. C A D O O S 2 5 2 0	Manin		1			the shaded by Federal
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, Caffornia

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3. Generator's Name and Malling Address BERTOLINI SEATING		* •	A. State Men		<u> 293</u>	447
14923 E. PROCTOR ., CITY OF INDUSTR	Y, CA 91746	-	B. State Gen	erator's ID		
4. Generator's Phone 818) 333–4655	US EPA ID Numi	<u> </u>	C. State Trai			91/187
o. Transportor i Company trains	1D1014121214		D. Transporte	The state of the s		698-09
7. Transporter 2 Company Name 8.	US EPA ID Num	ber	E. Stale Train	sporter's IC	1	
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92-21-89 SHIPPER 2059: State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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4	WASTE MANIFEST CIAIDIOI 81	n-	Manifest cument No.	2. Page 1 of 1	la not	required	he shaded areas by Federal law.
	3. Generator's Name and Mailing Address BERTOLINI SEATING OF LA 14923 E. PROCTOR AVE., CITY OF IND		46	A. State Ma	8 8	293	592
3	4. Generator's Phone (818)333-4653 5. Transporter 1 Company Name 6.	US EPA ID Number					
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DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

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To: P.O. Box 3000, Sacramento, CA 95812

03-22-89 SHIPPER 19267 State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) Piesse print or type. (Form designed for use on elite (12-pit)

See instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

WASTE MANIFEST C A D O O 8 2 5 2 O 4 1 1 O 1 Is not required. 3. Generator's Name and Mailing Address BERTOLINI SEATING A State Manifest Document B 2 2 State Generator's B BERTOLINI SEATING B B B B B B B B B	3703				
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GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by prand are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applica national government regulations.	oper shipping name bie international and				
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the deg to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to m present and future threat to human health and the environment; OR, If I am a small quantity generator, I have made a good faith effort to generation and select the best waste management method that is available to me and that I can afford.	e which minimizes the				
Printed/Typed Name Signature	Month Day Year				
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Signature	Month Day Year				
VAVIER HERNANDEZ Jan Donard	104/1/1819				
18. Transporter 2 Acknowledgement of Receipt of Materials	-				
CHARTES BEFTOLINI Signatur Bertolin	Month Day Year				
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
	Month Day Year				
Printed/Typed Name Signature	10141/1/1819				

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To: P.O. Box 3000, Sacramento, CA 95812

Sitale of California Health and Welfare Rosnoy SHIPPER 2064See Instructions on Back of Page 6 Department of Health Services • Form Approved OMB No. 2050—0039 (Expires 9-30-91) and Front of Page 7 Toxic Substances Control Division Sacramento, California Please print or type. (Form designed for use on eithe (12-pitch typewriter). 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS Manifest information in the shaded areas Document No. WASTE MANIFEST is not required by Federal law. JAJD 10 10 18 12 15 12 10 14 1 3. Generator's Name and Mailing Address A. State Manifest Document Number 8293 BERTOLINI SEATING 8 14923 E. PROCTOR AVE., CITY OF INDUSTRY, CA 91746 B. State Generator's ID 4. Generator's Phone (818) 333-4655 1-800-852-7550 5. Transporter 1 Company Name 6 US EPA ID Number C. State Transporter's ID OMEGA RECOVERY SERVICES D. Transporter's Phone Q A D Q 4 2 2 4 5 Q 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number 10. G. State Facility's ID OMEGA RECOVERY SERVICES CIAD101412121415T0101 12504 E. WHITTIER BLVD WHITTIER, CA 90602 (213).69812. Containers 13. Total Quantity 14. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Linit Waste No. Type Wt/Vo WASTE COMBUSTIBLE LIQUID N.O.S COMBUSTIBLE LIG State GENERATO (THINNER, OIL, WATER) NA 1993 EPA/Other 0021715 Ь. State 1-800-424-8802; WASTE DANK DEPART OF THE PART 48 CEL. RESES) EPA/Other OI 1I 3 State EPA/Other CENTER d. State EPA/Other NATIONAL RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Westes Listed Above 8. b. 0 C. 4 15. Special Handling Instructions and Additional Information 포 CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL. national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste 8 **EMERGENCY** generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name Year Day BERTOLIN 17. Transporter 1 Acknowledgement of Receipt of Materials Z Printed/Typed Name Signature Month Day Year ERNANDE 9 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Month Day Year 19. Discrepancy Indication Space Á

DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-88) Previous editions are obsolete

20. Facility

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Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as notegit

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Item 19

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Year

07/20/89 Shipper 15364 Bitits of California - Health and Welfare Agency orm Approved OMB No. 2050 - 0039 (Expires 9-30-8 () See Instructions on Back of Page 6 Toxic Bubstances Control Division Bacrantento, California and Front of Page 7 Please print or type. (Form designed for use on ellie (12-pitch typewriter), UNIFORM HAZARDOUS Generator & UB EPA ID No. 20 41 WASTE MANIFEST CA D 0 08, 25 20 41 Manifest 2. Page Information in the shaded areas Document No is not required by Foderal leve. WASTE MANIFEST 3. Generator's Name and Mailing Address
Bertolini Seating Blate Menker 14923 E. Proctor Ave., Industry, CA 91746 B. Slain Generalor's 4 Generator's Phone (818 333-4655 5. Transporter 1 Company Name Diffransporter a fino CAD 042 245 001 Omega Recovery SErvices 7. Transporter 2 Company Name US EPA ID Number E State Trensp F. Transportar a Ph 9. Designated Facility Name and Site Address
Omega Recovery Services US EPA ID Numbe Blete Feelby's D. ANALYSIS PROPERTY OF THE POPULATION OF THE POPUL 12504 E. Whittier Blvd. Whittier, CA 90602 CAD 042 245 00 1 12. Contained 13. Total 11. US DOT Description (including Proper Shipping Name, Hezard Class, and ID Number) Quantity No. Туре WI/Vo *Waste Combustible Liquid NOS NA 1993 (Thinner, oil, Water) Combustible liquid 007 pm G Waste Combustible Liquid NOS NA 1993 (Thinner, Oll, Water) Combustible Liquid 001 Cy 2001 J. Additional Descriptions for Materials Listed Above. 16. Special Handling Instructions and Additional Information A) 55 gallon drums 15 gallon container GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment OR, if I am a small quantity generator. I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed / Typed Nam 7. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by the Do Not Write Below!ThistLine White TSDE SENDS THIS COPY TO DOHS WITHIN 30 DA

To: P.O. Box 3000; Socramento, CA.

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See Instructions on Back of Page 6

Department of Health Services

Toxic Subalances Control Division

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6. Transp.	orter 1 Company Name ga Recovery SErvices orter 2 Company Name	6. US EPA ID Numbe)01	State Transporters D Transporters Phone State Transporters D	2015/2698109FIT
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J. Addition	al Descriptions for Materials Listed Above		i i	Handling Codes for Wast	es Listed Above
3 15: Special	Handling Instructions and Additional Information				
Pro	file No. Al1323				
and are nations	RATOR'S CERTIFICATION: I hereby declare the classified packed; marked; and labeled, and a life overnment regulations: If government regulations: a large quantity generator; I certify that I have a large quantity generator in the life open committed by practicable and that I have selected	re in all respects in proper condition f	or transport by hig e and toxicity of w	hway according to applic	able international and
present	t and future threat to human health and the envir tion and select the best waste management met	onment; OR, if I am a small quantity of	enerator, I have m		
T Transpo	可能 有证明 化共享 (1) 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature	pf 1	2	Month Day Year
Printed/Type		Signature		ungem	Month Day Year
19. Discreps	ancy Indication Space 8 (1) (1)	He was a second of the second			
20. Facility (Printed/Type	Owner or Operator Certification of receipt of haz	ardous materials covered by this ma	nifest except as in	oled to frem 10.	Afonth Day 15/ear
8022A (1/88) ** 8700-22	ANK FORD ***	Do Not Write Below This Lin	THE RESIDENCE AND ADDRESS.	SENDS THIS COPY O	7.0/178/7 0.00HS WITHIN 30.0AY
			To.	P.O. Box 3000, Sacra	mento, CA 95812174

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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Sorvices Toxic Substances Control Division

	1000	Print or type. (Form designed for use on elite (12-pitch typewriter).			·	Sacramento, Californio
	1	WASTE MANIFEST 1. Generator's US EPA I	l D	Manifest ocument No.	1	required by Federal law.
		3. Generator's Name and Making Address BERTOLINI			A. State Manifest Docu	□ 「全分 □ 5 □ 7 □ 7 □ 1 □ 1 □ 2 □ 1 ○ 5 ○ 1 ○ 5 ○ 1 ○ 5 ○ 1 ○ 5 ○ 1 ○ 5 ○ 5
		14923 PROCTOR.,, INDUSTRY, CA	91746		B. State Generator's ID	8683547
		4. Generator's Phone (818 333-4655			1 1 1 1 1	
7550		6. Transporter 1 Company Name 6. OMEGA RECOVERY SERVICES , CA	US EPA ID Numbe D 042,245, 0		C. State Transporter's I	
952-		7. Transporter 2 Company Name 8.	US EPA ID Numbe		D. Transporter's Phone E. State Transporter's R	
1-800-852-7550					F. Trensporter's Phone	
1		OMEGA RECOVERY SERVICES 10.	US EPA ID Numbe		G. State Facility's ID	
CALL		12504 E. WHITTIER BLVD			H. Facility's Phone	
_	ŀ	WHITTIER, CA 90602 cad	042 245 00	1	213	698-0991
CALIFORNIA		11. US DOT Description (Including Proper Shipping Name, Hazard Clas	ss, and ID Number)	12. Conta	iners 13, Total Quantity	14. f. Unit Weste No. W1/Vot
O O	_		1270			State 222
ON ON	G E	COMBUSTIBLE LIQUID		aa3	PM 00/165	G EPA/Other
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CENTER 1-800-424-8802;						State
						EPA/Other
RESPONSE	ı	J. Additional Descriptions for Materials Listed Above		.	K. Handling Codes for V	Vastes Listed Above
RESI		,		-	<u>ol</u>	d.
NATIONAL	ı	15. Special Handling Instructions and Additional Information				1
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CALL		16.		····-		
		GENERATOR'S CERTIFICATION: I hereby declare that the conter and are classified, packed, marked, and labeled, and are in all resp	nts of this consignment as	re fully and acc	urately described above	by proper shipping name
SPILL		national government regulations. If I am a large quantity generator, I certify that I have a program in p				
8		to be economically practicable and that I have selected the practice present and future threat to human health and the environment; OR.	able method of treatment	, storage, or di	sposal currently available	to me which minimizes the
EMERGENCY	ł	generation and select the best waste management method that is a		cen afford.	0	1
ERGI	†	CHARIES RESTOLINI	Signardin MA	ster	Bull	Month Day Year
	Ť	17. Transporter 1 Acknowledgement of Receipt of Materials	1 300	uv-	100 Cou	STONIS OF FUND
X	A	Printed/Typed Name	Signature	19/1/	7 - 1	Month Day Year
9	S P O	10. Transporter 2 Acknowledgement of Receipt of Materials	LALO		enequi	105101990
CASE	Ř	Printed/Typed Name	Signature			Month Day Year
Z.	E R		1			
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	-	20 Facility 0	·	allant arran	and the Marian	
	7	 Facility Owner or Operator Certification of receipt of hezardous mate Printed/Typed Name 	Signature	mirest except a	is rigied in item 19.	Month Day Year
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EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

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To: P.O. Box 3000, Sacramento, CA 95812

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

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9,88) Previous editions are obsolute.

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